

# 2008 FALL/WINTER REGISTRATION FORM

## REGISTRATION MADE EASY!



### MAIL

MAIL IN the completed Registration Form below.  
Please include check or money order payable to:

“City of Marysville” for the amount of class(es)  
and mail to: **Marysville Parks and Recreation**  
**6915 Armar Road**  
**Marysville, WA 98270**



### WALK IN

WALK IN and register in the Parks and Recreation  
Office located in Jennings Memorial Park.



### CALL US

OR CALL US at  
(360) 363-8400 for more details.  
FAX (360) 651-5089

## CANCELLATIONS

If your class is canceled, we will notify you by phone.  
You will receive a full refund if the class is canceled.

## REFUNDS

- Written request for refund received in the Parks & Recreation Office no less than 10 working days prior to the first day of class will be refunded, less a \$5 administrative fee.
- Refunds take a minimum of 15 days to process.

- A separate form is required for the following:

**Kindermusik**  
**ASAP** **Youth Basketball**

## MARYSVILLE PARKS & RECREATION REGISTRATION FORM

### Registration Form Per Person/Family

*Please print & fill out completely*

NAME (Parent or Guardian if under 18) \_\_\_\_\_

ADDRESS \_\_\_\_\_

City

State

Zip

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ e-mail \_\_\_\_\_

PARTICIPANT NAME	BIRTH-DATE	M/F	COURSE #	CLASS/PROGRAM	DATE(S)	TIME	FEE

Shirt size for Turkey Chase ☐ YS ☐ YM ☐ YL  
☐ AS ☐ AM ☐ AL ☐ AXL

**TOTAL FEES:** \_\_\_\_\_

For and in consideration of the opportunity offered to participate in the above named activity offered by the Marysville Parks and Recreation Department, I, as evidenced by signature, do hereby hold harmless, release and waive all claims I/my child may have against the City of Marysville, its officials, employees, agents or contracted instructors, and any other person(s) involved in the above named activity/activities for any and all injuries, losses or damages suffered by me or my child as a result of our participation in the above named activity/activities. I accept full responsibility for the cost of treatment for any injury, losses or damages suffered.

SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN

SIGNATURE (if under 18): \_\_\_\_\_

DATE: \_\_\_\_\_

*“Parks & Recreation - the Benefits are Endless”*

Amount Enclosed: \$ \_\_\_\_\_

☐ Check # \_\_\_\_\_

☐ Money Order

☐ Cash (*Please do not mail cash.*)

☐ Visa/MasterCard V-code \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Visa/MasterCard Number

\_\_\_\_\_  
Print Name of Cardholder

\_\_\_\_\_  
Cardholder Signature